## Foster Family Home - Corrective Action Report

1-160055 Provider ID: 1-160055-3 Review ID: Home Name: May Simeon, NA Reviewer: Carrie Wakai 94-770 Kupuohi St. 6/30/2018 6/5/2018 Begin Date: 96797 HI Waipahu [17-1454-6] **Foster Family Home Required Certificate** Comply with all applicable requirements in this chapter; and 6.(d)(1)Comment: 6.d.1-Home visit made for a 2 person CCFFH recertification survey. A Corrective Action Report was issued with a Corrective Action Plan due to CTA by 7/5/2018. [17-1454-47] **Client Account Foster Family Home** The home shall maintain a written accounting of the client's personal funds received and expended on the client's 47.(a) behalf by the home. Comment: 47(a)-Client #2 personal allowance used to purchase liquid supplement. [17-1454-52] Records **Foster Family Home** 

52(c)(5)-The MAR differs from the Dr.'s order and prescription label on the bottle for client #2.

Medication schedule checklist;

Came Walling Ma

Primary Care Giver

6.5-2018

06-05-2018

Date

52.(c)(5)

Comment:

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name:

May Harold Adult Foster Home

CCFFH Address: 94-687 Lahaole Place Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.(a)	Primary caregiver supplied liquid supplement for client #2 from service fee and not the client's personal allowance.	6/05/18	PCG reviewed admission policy and understands what items the client cannot be charged for.
52(c)(5)	The MAR differs from the Dr.'s order and prescription label on the bottle for client #2.	6/05/18	PCG will ensure to check all medication orders, bottles and MAR to prevent any more discrepancy and ensure all medications match before giving any new medication. PCG will notify CMA, pharmacy or doctor if they are different.

iver's Signature:	
g	giver's Signature:

May A. Simeon